

213047345  
11177

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 062	Agency Case No. B3-114925	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1							
A/1	DATE OF ACCIDENT	12/14/2013		TIME OF ACCIDENT 1745		STATE USE ONLY  12/14/2013							
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1752	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO								
B	25	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. 'O' St./34th-33rd			LATITUDE						
C	4	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST		HIGHWAY NO.	LONGITUDE					
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION									
V1/M	10	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING							
V2/M	01	45.00		X		N. 33rd St.							
E	2	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
F	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO							
G	4	VEHICLE NO. 1											
H	2	DRIVER LICENSE NO.	H13290311	STATE (Of License)	NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE						
I	2	DRIVER	ELIZABETH A BOSCHULT		PHONE	402-720-9965							
J	2	DRIVER ADDRESS	700 5TH ST, SCRIBNER, NE 68057		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	07/08/1992						
K	2	OWNER	CLARK A BOSCHULT		PHONE	402-720-9965							
L	4	OWNER ADDRESS	700 5TH ST, P O BOX 344, SCRIBNER, NE 68057		CITY, STATE, ZIP	CITATION	<input checked="" type="radio"/> YES <input type="radio"/> NO						
M	2	LICENSE PLATE	PA NO.	5B7833	YEAR (Plate Expires)	2014	STATE (Of Plate)	NE					
N	2	VEHICLE	1993	Make	Buick	MODEL	PKA	BODY STYLE	4 door Sedan	COLOR	white	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 3000
O	2	VEHICLE ID NO. (VIN)	1G4CW53L9P1624460		INSURANCE COMPANY		Farmer's Mutual						
P	1	TOWED TO			TOWED BY	POLICY NO.		AU228936					
Q	1	VEHICLE NO. 2											
R	1	DRIVER LICENSE NO.	H12091219	STATE (Of License)	NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE						
S	1	DRIVER	NGUYEN V LE		PHONE	402-314-4829							
T	1	DRIVER ADDRESS	1236 WASHINGTON ST, LINCOLN, NE 68502		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	03/13/1960						
U	1	OWNER	NGUYEN LE		PHONE	402-314-4829							
V	01	OWNER ADDRESS	1236 WASHINGTON ST, LINCOLN, NE 68502		CITY, STATE, ZIP	CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO						
W	4	LICENSE PLATE	PA NO.	SKY777	YEAR (Plate Expires)	2014	STATE (Of Plate)	NE					
X	4	VEHICLE	2003	Make	Honda	MODEL	REX	BODY STYLE	Station wagon	COLOR	silver / chrome	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 200
Y	4	VEHICLE ID NO. (VIN)	JHLRD78843C003908		INSURANCE COMPANY		LeMars						
Z	01	TOWED TO			TOWED BY	POLICY NO.		PAW244318					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX		
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		Seat Position	Eject	Body Region	Injury Sev.	Trans.	M	F	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)									
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.							
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)									
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.							

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



*Not To Scale*

Designed by Ofc Conlon #1683  
Measurements Approximate

POI:

145' E of E curb of N. 33rd St.  
18' S of N curb of 'O' St.

33rd St.

34th St.

Width: 63'

**"O" St.**

D1 reports she was stopped WB on 'O' St./34th-33rd in the inside thru lane when the front portion of her vehicle collided with the rear portion of V2. D1 saw a light turn green and traffic moving WB so D1 accelerated and then collided with V2. D1 was unsure if the turn arrow turned green or if the solid lights turned green. D1 was unsure what speed she was traveling at the time of the collision. Ofc observed damage to the front portion of V1. D2 reports he was stopped WB on 'O' St./34th-33rd in the inside thru lane when the front portion of V1 collided with the rear portion of his vehicle. The traffic lights for the thru traffic were red for the WB traffic. Ofc observed damage to the rear portion of V2. Jason, the witness, was stopped WB on 'O' St./34th-33rd in the inside thru lane behind V1. The turn arrow turned green for the WB-SB traffic. V1 accelerated and collided with V2. The solid lights for the thru traffic were red. D1 was ...

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME ADDRESS				PHONE
	Jason Goodwin 575 S. 10th St., Lincoln, NE 68508				402-441-7204
	NAME ADDRESS				PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS		VEH 1		VEH 2		VEH 3	
VEH NO.	N	S	E	W																				
1				X	'O' St.																			
2				X	'O' St.																			
1	01				06 Turning left				POINT OF IMPACT		01		POINT OF IMPACT		05									
2	11				07 Making U-turn				MOST DAMAGED AREA		01		MOST DAMAGED AREA		05									
					08 Entering traffic lane																			
01 Essentially straight ahead					09 Leaving traffic lane																			
02 Backing					10 Parked																			
03 Changing lanes					11 Slowing or stopped in traffic																			
04 Overtaking/ Passing					12 Other																			
05 Turning right					13 Unknown																			
OFFICER NO.					TROOP/ TEAM/ BEAT				DEPARTMENT				TOTAL OCCUPANTS				VEH 1		VEH 2		VEH 3			
1683					5				Lincoln Police Department															
INVESTIGATOR NAME <i>(Print or Type)</i>					INVESTIGATOR SIGNATURE				DATE OF REPORT															
Jonna Conlon					Approved by Officer Jonna Conlon				12/14/2013															

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Investigator's Motor Vehicle Accident Description Continuation Report Sheet 3 of 3

Local No./  
District 062

Agency	
Case	
No.	B3-114925

STATE USE ONLY

DATE OF ACCIDENT (MM / DD / YYYY)

12/14/2013

[illegible]

COUNTY

Lancaster

CITY

Lincoln

ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO.

'O' St./34th-33rd

cited/released for negligent driving.

OFFICER NO.

1683

TROOP/ TEAM/ BEAT	5
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5

DEPARTMENT

Lincoln Police Department

INVESTIGATOR NAME (Print or Type)

Jonna Conlon

INVESTIGATOR SIGNATURE

Approved by Officer Jonna Conlon

DATE OF  
ACCIDENT

12/14/2013